



Date:

Dear Parent or Guardian:

Please complete the following forms:

- **Seizure Disorder Information**– used to develop a health care plan for your child.
- **Medication Authorization** – REQUIRED for any medication given at school.
- **Authorization for Release of Medical Information** – allows school nurse to work with health care provider about your child’s seizures.

Please keep in mind several other points:

- **Emergency Contact Information** - inform the school of any changes. We must be able to contact someone if your child has a seizure at school.
- **Changes in Treatment or Condition** – it is **your** responsibility to let your child’s school nurse know of any changes such as changes in medications, changes in seizure patterns or frequency, new types of seizures.
- **Other Health Conditions** – inform your school nurse of any other health conditions that your child may have.
- **Disaster** – consider having a supply of medication, with a completed medication authorization form, at school in case of a disaster. It is recommended that schools be prepared to accommodate students for three days in the event of a disaster such as an earthquake.

School staff that work with your child will be informed of your child’s condition. The individual health care plan may be shared with staff such as teachers, classroom aides, playground and lunchroom monitors and bus drivers.

We welcome the opportunity to **work with you** to develop a *School Seizure Action Plan* and get to know your child. We want to make sure that your child has every opportunity to learn in a safe environment.

Sincerely,

Your School Nurse